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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006		Docket Number (Optional) 41714-8011.US03	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		41714-6	3011.0503
Application Number 10/647,561-Conf. #3	3230	Filed Au	gust 25, 2003
For POLYMER STABILIZED NEUROPEPTIDES			
Art Unit 1654		Examiner	T. S. Heard
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
x The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2207 . I have enclosed a duplicate copy of this sheet.			
<u> </u>		occu a dapiloate copy	or trito street.
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
attorney or agent of record. Re	gistration Numbe	r <u>38,443</u>	
attorney or agent under 37 CFR 1.34.			
Registration number if acting und	ler 37 CFR 1.34		
Sura J. Evans		August 3, 2007	
Signature Date			Date
Susan T. Evans Typed or printed name		(650) 838-4300 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more			
than one signature is required, see below.			
Total of 2 forms are submit	tted.		

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